PTO/SB/06 (08-00)

Approve for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
ì					10/046800									
CLAIMS AS FILED - PART I (Column 1) (Column 2)									OTHER THAT OR SMALLEN					
FOR			NUMBERFILED			NUMBEREXTRA		R	ATE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))									s <u>370</u>	OR		5	
TOTALCLAIMS (37 CFR 1.16(c))			54	minus 20 =		* 34		x S		306	OR	x \$=		
INDEPENDENT CLAIMS ()7 CFR 1.16(b))			1	minus 3 =		• 0		x 4	2_=	0	OR	x=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CPR 1.18(4))								+ 0	_=	0	OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2										676	OR	TOTAL		
CLAIMS AS AMENDED - PARTII (Column 1) (Column 2) (Column 3)							SM	ALLE	NTITY	OR	OTHER T			
MENDMENT A		REMA AF1	IMS INING ER DMENT		NU PRE\	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	RA]	ATE	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	· 5	4	Minus	**	54	- /	x \$_	_=			x \$=		
	Independent (37 CFR 1.16(b))			Minus	***	3	= /	× _	_=		OR	×=		
g Y J	FIRST PRESENTATION OF MULTIPLE D				ENDE	NTCLAIM	(37 CFR 1.16(d))	+_	=		OR	+ -		
1 T	(column 1)			(Column 2)			(Column 3)	T(ADDIT	TAL FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT B		REM/	AIMS AINING TER IDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR) 16(e))	•		Minus	**		-	x S_	_=		OR OR	x \$ =		
	Independent (37 CFR 1.16(b))	•		Minus	***		= .	x_	=		OR	x =		
		ENTAT	ONOFMULTIPLEDE		PENDENTCLAIM		(37 CFR 1.16(d))	+_	_=		OR	+=		
	(column 1) (Column 2) (Column 3)								OTAL I. FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT C		REM/ AF	AIMS AINING TER IDMENT		PRE	GHEST UMBER VIOUSLY LID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	٠		Minus	**		=	x \$_	=		OR OR	x 5 =		
	Independent (37 CFR 1-16(b))	*		Minus	***		=	×_	_=		OR	x =		
-	FIRSTPRES	IONOFM	ULTIPLEDE	ENDE	NTCLAIM	(J7CFR 1.16(d))	+_	_=		OR	+=			
** 1	f the entry in colu f the "Highest Nu the "Highest Nu	mber Pre	viously Pai	id For" IN THI	SSPAC	CE is less than ?	20, enter "20".		TOTAL IT. FEE	ta box in activ		TOTAL ADDIT. FEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.